

SCHOOLWIDE PROGRAM SAMPLE TIME SHEET

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| ____ _ School Time Certification Form Date _____ |
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This is to certify that the following individuals have worked 100% of their time during the last six months under cost objective **Schoolwide Program**, activity account number _____ (if known).

| POSITION | Printed Name | SIGNATURE |
|--------------------------|--------------|-----------|
| -Teacher | _____ | _____ |
| -Teacher | _____ | _____ |
| -Teacher | _____ | _____ |
| -Teacher | _____ | _____ |
| -Teacher | _____ | _____ |
| -Instructional Assistant | _____ | _____ |
| -Tutor | _____ | _____ |
| -Guidance Counselor | _____ | _____ |

I HAVE FULL KNOWLEDGE OF 100% OF THESE ACTIVITIES:

-PRINCIPAL _____

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